



9549 Hwy 5  
P.O. Box 6  
Columbus, ND 58727  
701.939.6671  
www.bdec.coop

**OPERATION ROUND UP TRUST APPLICATION**



**Applicant/Organization:** \_\_\_\_\_

**Applicant Tax ID Number:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **ST:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Contact Phone:** \_\_\_\_\_ **Contact Email:** \_\_\_\_\_

**Project Name:** \_\_\_\_\_

**Funding Request:** \_\_\_\_\_ **Total Project Costs:** \_\_\_\_\_

**How will the grant funds be used?** \_\_\_\_\_

\_\_\_\_\_

**Funding Sources:** List other funding sources and amounts solicited or received for project:

\_\_\_\_\_

**Number of individuals, families, or groups served in the Burke-Divide Electric Cooperative, Inc. service territory in the last year:** \_\_\_\_\_

**Does the organization serve outside Burke-Divide Electric Cooperative’s service territory?** \_\_\_ No \_\_\_ Yes  
*If yes, please provide information on number served and location.* \_\_\_\_\_

**Is the organization requesting funding exempt from payment of income tax:** \_\_\_ No \_\_\_ Yes

**Copies of the organization’s 501(c)(3) non-profit status and financial statements for the most recent year or a project budget must be submitted with application.**

*The information contained in this statement is for the purpose of obtaining funding from the Burke-Divide Electric, CoBank “Sharing Success” matching grant program, and Basin Electric Power Cooperative Matching Donation program on behalf of the above named organization. Each undersigned understands that the information provided herein is used in deciding to grant funding, and each undersigned represents and warrants that the information provided is true and complete and that Burke-Divide Electric may consider this statement as continuing to be true and correct until a written notice of a change is provided. Burke-Divide Electric is authorized to make all inquiries deemed necessary to verify the accuracy of the statements made herein.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Return completed applications to:**  
Burke-Divide Electric Cooperative, Attn: Heidi Haugen-Grohs—Member Services Manager  
P.O. Box 6, Columbus, ND 58727 or heidi@bdec.coop